

FAMILY DIVISIONS / FAMILY SERVICES GRANT  
CASA GRANT QUARTERLY REPORT

Grant No.: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4<sup>th</sup>/FINAL

Please use this form to report on the activities and expenditures of the Circuit Court Family Division or Family Services Program. This report is due 15 days after the end of each quarter:

1 <sup>st</sup> Quarter (July 1 through September 30)	Quarterly report due - October 15
2 <sup>nd</sup> Quarter (October 1 through December 31)	Quarterly report due - January 15
3 <sup>rd</sup> Quarter (January 1 through March 31)	Quarterly report due - April 15
4 <sup>th</sup> Quarter (April 1 through June 30)	Quarterly report due - July 15

Please submit completed Quarterly Reports to:

*Pamela Cardullo Ortiz, Executive Director  
Department of Family Administration  
Administrative Office of the Courts  
580 Taylor Avenue  
Annapolis, Maryland 21401  
Phone: 410-260-1580*

Project Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Director/CEO: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Director: \_\_\_\_\_ Phone: \_\_\_\_\_

This Quarterly Report has been prepared and submitted by:

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Narrative Report**



- 1. Describe your progress toward fulfilling the ten-point performance model.**
- 2. Describe any difficulties you have had in achieving your program goals.**
- 3. Discuss program highlights for this reporting period/year (training offered, fundraising/special events, press coverage, etc. Please attach copies of any news articles or other materials developed).**
- 4. Identify any areas in which the AOC or Maryland CASA could be of assistance to your program.**










# AOC Quarterly Statistical Report


(send original to AOC, copy to Maryland CASA by 15<sup>th</sup> of October, January, April, and July)






<b>Program:</b>		<b>Quarter Ending:</b>	
<b>Completed by:</b>		<b>Date (mm/dd/yy):</b>	

## I. Children Served

**A. Open Cases** (items indicated with  symbol may be obtained from the "Child Activity Detail – Assigned" report in COMET unless otherwise indicated;  indicates items that must be tracked manually)

1. Total number of active children with volunteers at beginning of quarter. 					
2. Total number of new children assigned to volunteers during the quarter.  (Annual Program Survey Section Four: Children)					
3. Total number of active children with volunteers during the quarter. 					
4. Total number of active children with volunteers at the end of the quarter. 					
5. Total number of children with open cases (i.e. previously assigned to a volunteer) that were not actively assigned to volunteers during the entire quarter. 					
6. Total number of children served by the program without a volunteer during the quarter (both new cases referred by the court but not yet assigned and previously assigned cases that need to be reassigned).  (Annual Program Survey Section Four: Children)					
7. Total number of families served during quarter.  ("Annual Program Survey Section Four: Children")					
8. Please enter the number of children in cases other than CINA and guardianship cases served during the quarter by legal status: 					
Delinquency:	CINS:	Custody:	Other (specify):	Total:	
9. Demographics of children served during quarter. 					
African American:	Asian American:	Caucasian:	Latino:	Native American:	Bi-racial:
Other (please specify):		Other (please specify):		Total:	
Male:		Female:		Total:	

**B. Case Closures** (the following numbers may be obtained from the "Annual Program Survey Section Four: Children" report in COMET unless otherwise specified – you must enter the dates for the quarter;  indicates items that must be tracked manually.)

1. Total number of children closed during quarter. 					
2. Number of children whose cases were closed by program (but remain open in court, i.e. CASA rescinded).  (Child Outcome Measures report)					
3. Number of children whose cases closed in court.  (Child Outcome Measures report)					
4. Reason for program closure (i.e. placement/case outcome). 					
Child Placement Outcomes (enter the # of children placed in each placement category below when their CASA cases closed):  (Note: categories in COMET may differ from those below. COMET allows you to add new categories.)					
a. Returned to bio. parent/guardian					
b. Adopted					

d. TPR granted or pending – child in pre-adoptive home	
e. Child living independently	
f. Runaway/AWOL	
g. Placed w/ Relative/Guardian ( <i>Not adopted</i> )	
h. Another Planned Permanent Living Arrangement (APPLA)	
i. Child still in out-of-home care ( <i>not</i> APPLA)	
j. Other ( <i>specify</i> ):	
k. Other ( <i>specify</i> ):	

## II. Volunteers

### A. Recruitment 📍 (COMET does not track this information)

1. Number of inquiries from prospective CASA volunteers during quarter:			
<i>Please indicate below the number of prospective volunteers who learned about CASA through each source:</i>			
Paid advertising ( <i>print/TV/radio</i> )		Maryland CASA referral ( <i>regardless of original source of information</i> )	
Free Print Media ( <i>e.g. Public Service Announcements, articles in newspapers, magazines, or newsletters</i> )		Outreach to churches/businesses/ organizations ( <i>e.g. speaking engagements, etc.</i> ):	
PSAs on Radio		Word of Mouth ( <i>referred by a friend, another volunteer, etc.</i> )	
PSAs on Television		Volunteer fairs, exhibit tables at conferences/events, etc.	
Referral from another CASA program, NCASAA, a volunteer center, or another agency		Other ( <b><i>please specify</i></b> ):	
		Other ( <b><i>please specify</i></b> ):	
Internet ( <i>program's web site, VolunteerMatch, etc.</i> )		<b>Total:</b>	
2. Number of CASA volunteer applications received during quarter. 📍			
3. Number of prospective volunteers interviewed during quarter. 📍			

### B. Training (COMET does not track this information)

1. Number of prospective volunteers who completed <b>pre-service</b> training during quarter. 📍	
2. Number of hours of <b>in-service</b> training provided during quarter. 📍	

### C. Service 📍

1. Number of court reports submitted to /accepted by court during quarter.	
2. Number of recommendations made by CASA that were ordered by the court.	
3. Total number of hours spent on cases as reported by volunteers during quarter.*	
4. Number of volunteers who reported their time.*	
* may need to be done manually as COMET tracks types of activities and time spent for all volunteers but does not track individual totals of volunteer time.	

**D. Demographics of Volunteers compared to Jurisdiction**

1. Ethnicity – percentages of volunteers & jurisdiction that are:	Volunteers	Jurisdiction
a) African American		
b) Asian American		
c) Caucasian		
d) Latino		
e) Native American		
f) Bi-Racial		
g) Other (please specify)		
Total number of volunteers that served during quarter		
2. Gender		
a) Male		
b) Female		
3. Age		
a) 21-29		
b) 30-39		
c) 40-49		
d) 50-59		
e) 60 + above		
4. Education		
a) High School		
b) Some College		
c) College		
d) Post-Graduate		

**Department of Family Administration  
Administrative Office of the Courts  
CASA QUARTERLY FINANCIAL REPORT**

Jurisdiction \_\_\_\_\_

Grantee \_\_\_\_\_

Projected Start \_\_\_\_\_ Projected End \_\_\_\_\_ Quarter End Date \_\_\_\_\_

Report No. (circle) 1 2 3 4 Other Final Revised Fiscal Year \_\_\_\_\_

\_\_\_\_\_ Amount of DFA Award(s) \_\_\_\_\_ Amount of DFA Funds Received to Date

Description	Grant Expenditures Prior Total	Grant Expenditures Current Quarter	Grant Expenditures YTD [A+B]	Budgeted Grant Award	Remaining Grant Funds [D-C]	Prior Matching Fund Expenditures	Mating Fund Expenditures Current Quarter	Matching Fund Expenditures YTD [F+G]	Remaining Match Required [D-H]
	A	B	C	D	E	F	G	H	I
Personnel:									
Contractual:									
Travel:									
Supplies:									
Rent:									
Other:									
<b>Totals:</b>									

**CERTIFICATION:** I certify that this report presents actual receipts and actual expenditures of funds for the period covered and for the total award.

Signed: \_\_\_\_\_

Financial Officer

Phone No. \_\_\_\_\_

Date: \_\_\_\_\_